APPLICATION FOR SPECIAL EVENTS PERMIT

This form must be submitted at least fifteen (15) working days before the event. (TYPE OR PRINT ALL INFORMATION)

e Application submitted: I	Day (s):		Date(s) of Event:
Rain Date:			
1. Area(s) requested for use and/or str	eets to be	blocked	l:
2. The event is described as:			
3. The purpose of the event is to:			
4. Is the event open to the public? \Box Y	'es □ N	lo (If no,	who is participating?
5. Starting time for the event is (include	le prep ti	me):	And it will end at:
6. Number of people expected to attend	d:		
7. Is music involved? ☐ Yes ☐ No	If yes, ma	nner of	sound amplification:
8. Describe any props or structures to	be used f	or this e	vent:
			vent.
9. Please give a detailed listing of all pl	lanned ac	tivities:	
10. Will alcoholic beverages be served?	□ Yes	□ No	
11. Is this a fund raising project?	□ Yes	□ No	
12. Will food be sold?	□ Yes	□ No	If yes (Vendor):
13. Event Representative: Name: Address: City/State/Zip: Home Phone: Cell/or Daytime Phone:			
Fax Number: _			
Email Address: _ We agree to remove all props and item and debris that result from our event Manager's permit is necessary before the	ns brough the same	nt into the	ne public areas and clean up all litte the event. I also understand the Cit
Signature of Event Representative:			Date:
Organization/Group:(Special Ever	nts: Appl	ication))